Book review

Thomas J. Fagan and Robert K. Ax, eds. (2011). *Correctional Mental Health: From Theory to Practice*. Thousand Oaks, CA: SAGE Publications, Inc., $54.95 (paper), 417 pages

by Russ Immarigeon

Correctional mental health care is becoming a more resonant source of conversation and interchange as court decisions, professional newsletters and other publications, state and local policy and practice reports, research articles, and even video and other documentaries reflect a rising awareness of the number of mentally ill offenders supervised by community corrections agencies or held in custody by local, state, and federal detention, jail, or prison facilities. Accordingly, new books are starting to appear that give greater attention to topics related to correctional mental health services. In one of the more recent contributions to this emerging literature, Thomas J. Fagan and Robert K. Ax offer *Correctional Mental Health: From Theory to Practice*, a collection of 16 original articles that offers a "biopsychosocial guide" that is "firmly grounded" in theory, research, and clinical experience.

Fagan and Ax are veterans of the federal prison system, as are many of the contributors to this volume. Fagan is currently director of the Division of Social and Behavioral Science at Nova Southeastern University in Ft. Lauderdale, Florida. For 23 years, however, he developed correctional mental health programming, mental health policies and procedures, and professional, paraprofessional, and correctional staff training for the Federal Bureau of Prisons, where he also served as chief hostage negotiator and coordinator of crisis negotiation training. Ax, now retired, is a licensed psychologist who has worked in state and federal corrections for 20 years; he was the training director of the first APA-accredited internship program at the Federal Correctional Institution in Petersburg, Virginia.

Together, Fagan and Ax have co-edited two previous volumes on correctional mental health care issues. In 2003, they released the *Correctional Mental Health Handbook* (SAGE Publications),

which presented 15 articles aimed at raising awareness among academics and practitioners of correctional mental health care issues. In 2007, they released *Corrections, Mental Health, and Social Policy: International Perspectives* (Charles C. Thomas), which presented articles not just on problems common across nations struggling with correctional mental health care, but also of innovative strategies various nations have designed to address these issues.

Correctional Practice

The opening section of this volume contains three articles that describe a continuum of care for criminal justice and mental health systems, compare community and correctional mental health service delivery models, and detail the management of mentally ill prisoners from the perspective of a correctional administrator.

In the first article, "Criminal Justice and Mental Health Systems: The New Continuum of Care System," Thomas J. Fagan and Dyona Augustin, both of Nova Southeastern University, note that the "client population" under review is especially difficult not only because of its mental health issues, but also because of its medical problems, co-occurring disorders, legal difficulties, transient lifestyles, fiscal instability, and high-risk behavior. Moreover, services to this population are usually delivered in fractured or piecemeal fashion and services for this population have inherent delivery difficulties because involvement with the criminal justice system does not enhance effective mental health-related service delivery. However, as the authors review recent developments with regard to police and emergency services diversion initiatives, judicial diversion initiatives, jail and prison initiatives, and community corrections initiatives, they locate an increased level of attention, indeed sensitivity, to the plight of this group of men and women. As Fagan and Augustin state, "A start has clearly been made. Boundaries between (criminal justice and mental health) agencies are beginning to blur somewhat as collaborative projects are conceived, implemented, and evaluated."

Robert J. Powitzky, Chief Mental Health Officer at the Oklahoma Department of Corrections comes up second with an informative and instructive overview comparing various mental health-related issues within community and correctional mental health service delivery models, including purpose, population served, accountability and responsibility, legal matters, personal versus professional credibility, role conflicts, confidentiality, power differentials, coerced versus voluntary care, and access to total health care. Next, Peter M. Carlson offers a correctional administrator's perspective on managing mentally ill prisoners. Particular topics covered in this article include competing priorities and missions, role conflicts, diagnostic confusion, establishing standards of acre, assuring adequate intake screening procedures, staff training on mental health issues, the housing of mentally disordered prisoners, staff and program

availability, the recruitment of qualified mental health professionals, and changing staff perceptions on mental health issues. According to Carlson, another Bureau of Prisons veteran who is now teaching government at Christopher Newport University in Newport News, Virginia, correctional leaders – individual wardens – must commit themselves to providing mental health services, emphasizing staff support for such services, advocating for strong and effective mental health programs, and providing policy direction and leadership on these issues.

Entering Correctional Practice

The second section of *Correctional Mental Health* contains five articles on correctional treatment, the practice of clinical assessments in correctional settings, multicultural issues in correctional assessment and treatment, clinical pharmacology in correctional settings, and interdisciplinary collaboration between correctional and mental health organizations.

Canadian psychologists Daryl G. Kroner, Jeremy F. Mills, Andrew Gray, and Kelly O.N. Talbert open this section of the book with a review of various clinical assessment issues, including "barriers to optimal assessment, situations resulting in difficult assessments, and considerations regarding screening procedures." The authors also examine general principles for the use of various assessment instruments in response to these issues. The authors give much attention to the inadequacy of the physical and operational correctional setting in which assessments occur, They also note concern about common practice errors: "Ensuring best practices through the use of appropriate instruments can be easily undermined by errors in administration, scoring, compiling scores, identification, administration, and applying correctional scoring criteria. An instrument's reliability and validity become meaningless if scoring errors occur." Among the screening instruments examined in this article are the following: the Holden Psychological Screening Inventory, the Brief Jail Mental Health Screen, the Brief Psychiatric Rating Scale, the Defendant and Offender Screening Tool, the Personality Assessment Screener, Correctional Mental Health Screens, Basic Personality Inventory, Minnesota Multiphasic Personality Inventory, and the Campbell Family Interview. The authors also delve into the use of various instruments for detection of suicide risk factors, violence risk assessment, and socially desireable responding.

In other articles, Donald A. Sawyer and Catherine Moffitt of the Central New York Psychiatric Center review "essential" prison mental health services such as clinic services, services for so-called special populations, residential treatment for prisoners with serious mental illness, prison-based case management, crisis intervention and observation, inpatient psychiatric hospital care, disciplinary housing treatment, and prerelease treatment services. Federal Bureau of Prisons psychologist Corrine N. Ortega delves into multicultural counseling, psychological assessments

with multicultural populations, cultural competency with religious minorities and extremists, and best practices for culturally competent correctional mental health. Creighton University pharmacist Gollapudi Shankar examines prison-based clinical pharmacology, including such as different classes of psychotropic medications (e.g., antipsychotic agents, antidepressant medications, mood stabilizers, antianxiety agents).

Concluding this section, the Florida Department of Corrections' chief psychologist Dean Aufderheide and former Bureau of Prisons psychologist John D, Baxter, now working with the Corrections Corporation of America, stress "the importance of interdisciplinary collaboration in correctional practice." In particular, they note, "As part of a team that 'signed on' to work in a correctional setting, mental health professionals must understand the value of interdisciplinary collaborations as a way of improving offender conduct in prison, enhancing treatment efficacy, and reducing recidivism. While embracing a 'what works' principle of management that focuses on ensuring treatment services that match the level of assessed needs, it is imperative that mental health staff recognize that they are part of the correctional team and understand their role on the team." A major part of this role, the authors indicate, is helping correctional officers promote security, which is the heart and soul of penal facilities. They continue, "Interdisciplinary collaboration engenders credibility, and credibility is the touchstone for mental health leaders to be effective in ensuring the integrity of their mental health delivery systems."

Working with Special Populations

For this section, the longest of the volume, Fagan and Ax have solicited seven articles that address issues of specific importance for female offenders, offenders with severe and persistent mental illness, offenders with substance abuse and co-occurring disorders, incarcerated sex offenders, disruptive offenders, juvenile offenders, geriatric prisoners, men and women on death row, offenders with traumatic brain injuries, non-citizen inmates, and terrorists.

Texas Tech University and University of Southern Mississippi psychologists Rebecca L. Bauer, Robert D. Morgan, and Jon T. Mandracchia review the current state of offenders with severe and persistent mental illness. They note, pointedly, that much is known about what works in the separate spheres of criminal justice and mental health practice. Yet it has been difficult to build a bridge between these fields. The authors argue that mental health professionals should not ignore "criminalness" issues, and criminal justice professionals should not neglect mental health issues. More integration is necessary: "The goal of correctional interventions for OMIs must focus on dual issues of criminalness and mental health, rather than solely on reducing criminal recidivism. Specifically, interventions for OMIs need to focus on the joint goals of reducing psychiatric hospitalization days and time spent incarcerated, as well as increasing the number of functional

days." In another article, University of Virginia psychologists Ann Booker Loper and Lacey Levit describe the statistical and forensic state of mentally ill women confined in state prisons. The authors examine mental health –related domains for female offenders: childhood and adult victimization, trauma and mental illness, substance abuse disorders, and financial, social, and familial problems confronting women in prison. They also glimpse at what can be done for mentally ill incarcerated women, including mental health interventions that focus on trauma and victimization and other options that indirectly address these women's mental health needs.

David J. Stephens covers criminal offenders with substance abuse and co-occurring disorders. His article, "Substance Abuse and Co-Occurring Disorders Among Criminal Offenders," describes the interrelationships of substance abuse, co-occurring disorders, and criminal behavior; the theoretical and practical formulations of co-occurring disorders in correctional settings; and the various attitudinal, environmental, screening, and treatment barriers to effective treatment in a correctional setting. Stephens, who has served as a correctional mental health services director in Colorado, Missouri, and Wyoming, cautions about the inherently stressful environment of prison life: "The stresses of the correctional environment provide daily triggers for alcohol or drug use, often tax the resources of those with limited intellectual ability or cognitive impairment, and actively encourage the development or further entrenchment of criminal thinking and behavior patterns, Correctional mental health providers should be aware that every interaction they have with offenders with COD should encourage the offenders to develop greater motivation and skills to progress toward recovery from all the CODs from which they suffer. The extent to which this happens will have a significant impact on how aptly correctional systems are named."

In other articles, clinical psychologists Sheila M. Brandt and Michael Thompson review the assessment and treatment of incarcerated sex offenders; public health specialist Debra K. DePrato and social worker Stephen W. Phillippi of the Louisiana State University examine juvenile offenders; and Steven J. Helfand, a regional vice president of operations at Correct Care Solutions, and the former director of mental health services at the University of Connecticut Health center's Correctional Managed Health Care program, looks at the management of disruptive offenders through a behavioral perspective.

Finally, Federal Bureau of Prisons psychologists Alix M. McLearen and Philip R. Magaletta write on "Understanding the Broad Correctional Environment: Responding to the Needs of Diverse Inmates." In particular, they examine the demographic and clinical background of

geriatric, death penalty, traumatic brain injury, military, non-citizen, and terrorist inmates. They also examine the training needs of professionals working with each of these population groups.

Future Practice

In 2003, Robert K. Ax wrote an essay for the *Correctional Mental Health Handbook* that he titled, "A Viable Future for Correctional Mental Health Care." In this article, he concluded, "Positive change will be realized only through the combined efforts of those whose intentions are to create a more inclusive society, one in which its members understand that preventing crime and reducing the incidence of mental illness are in the best interests of all and that best practices in caring for those with serious mental illness in the criminal justice system have positive consequences in the free world as well as in prison." (Ax, 2003, 322-323)

In this volume, Ax also writes a concluding essay, but he titles it, "Correctional Mental Health: A Best Practices Future." The shift from a "viable future" to a "best practices future" is not necessarily contradictory, but I think it does suggest a simmering of expectations. In 2003, Ax ended his article on a high note about new initiatives just then taking form. He worried, however, about "artifactual aberration." In the current volume, Ax grounds himself in practicality, giving particular inquiry to two related matters: the social, economic, and legal context of correctional mental health, and "the real-world context in which mental health professionals must function." More specifically, Ax asks about how best to describe "best practices" and how can these practices be implemented with correctional mental health services.

At article's end, Ax notes a series of seven principles or practices that may create an environment "in which best correctional mental health practice takes place."

- Program and treatment resources are adequate;
- Criminal justice policies are preventive, aspirational, and restorative;
- Criminal justice systems are integrated with healthcare systems and the "free world" community;
- Prison and jail treatment outcomes are measured and positive results rewarded, making providers and facilities accountable;
- Prisons and jails are more local, smaller, less densely populated, and transparent;
- Prison populations are representative and accommodate diversity; and
- Non-mental health care staff conduct and composition exemplify best practices.

Conclusion

In his concluding remarks, Ax observes and suggests the following: "The needs of patients in correctional settings, and their growth in absolute numbers, threaten to overwhelm the capacity of various American correctional systems to respond adequately. Under these circumstances, it becomes especially important for providers of these services, as individuals and as members of particular professions, to maintain an aspirational stance with regard to their own competence and practice." No single book, or website for that matter, serves as a complete compendium of information. Still, in terms of caring for, and carrying out, Ax's mandate, *Correctional Mental Health* is a rich and valuable resource.

Still, it is probably important to heed a caution stated in the volume's opening chapter, "What seems lacking at the moment is the leadership and political will to craft an overarching strategy for dealing with the seriously mentally ill (especially those who have entered the criminal justice system) in a comprehensive, well-integrated fashion. There is no one national or even statewide mental health policy that guides all necessary service delivery or that cuts across multiple agencies at the federal or state level. Instead, each agency currently does what it reasonably can to address the needs of this population until it leaves and moves on to another agency. There is no one person or entity, no single 'mental health czar.' In charge of mental health policy at the national or state level who can guide policy review, development, and change or who can cut across the budgetary lines to redistribute mental health monies and staffing resources more efficiently and effectively."

This said, Fagan and Augustin make a series of six recommendations:

- Develop more collaborative and cross-training across agencies that have not typically "shared common goals or missions";
- Develop a more uniform means of data collection and data-sharing across agencies;
- Develop improved risk assessment and tracking procedures for high-risk mentally ill and substance-abusing individuals;
- Deliver medical, mental health, and substance abuse treatment services in a more holistic fashion (e..g., simultaneously, not sequentially);
- Design research that determines "what works best with which individuals under what circumstances and in which situations"; and
- Implement more evidence-based, cost effective, and successful collaborative projects for more of the criminal justice-mental health population than is currently the case.

In the back of the book, a multipart appendix contains a short bibliography of selected articles, books, and other documents, including correctional practice standards, relevant journals, governmental websites, nongovernmental organizations, victims' rights organizations, professional corrections and mental health organizations, professional ethics codes, corrections and mental health conferences, and various relevant electronic learning resources. *Correctional Mental Health* also contains a thorough index, as well as author biographies.

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